2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P97000060190 DOCUMENT #

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

EILE-NOW!!!-FEE.IS.\$150.00

1. Entity Name CUVEN CORP.



Principal Place of Business 2820 SW 129 AVE **MIAMI FL 33175**

2. Principal Place of Business

Suite, Apt. #, etc.

LLAMOZAS, ILIAT

2820 SW 129 AVE **MIAMI FL 33175**

the obligations of registered agent.

City & State

Zip

SIGNATURE

Mailing Address 2820 SW 129 AVE MIAMI FL 33175

3. Mailing Address

City & State

Zip

Suite, Apt #, etc.

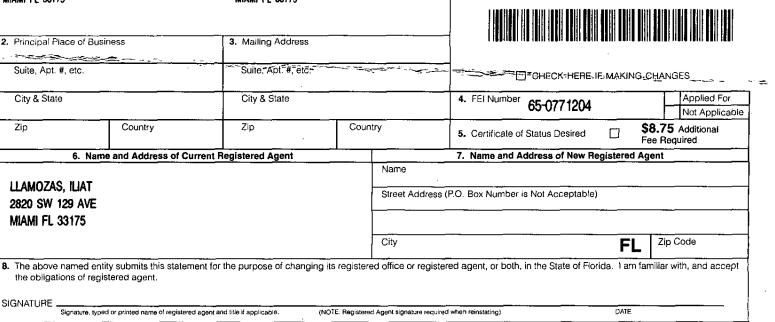
Country

Name

City

FILED Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90223 045 ***150.00



	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of Sta	ite	3.		9. Election Campaign Financing \$5.00 May B Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME Street Address City-St-Zip	P LLAMOZAS, ILIAT M 2820 SW 129TH AVE MIAMI FL 33175	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BORGES, IDA 1728 SW 143 PLACE MIAMI FL 33175	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESSCITY_ST_ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS	. ,	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address